

<<Clinic Name>>  
Emergency Contraceptive Standing Order

**Who can implement standing order:**

Registered Nurses who have been approved by the Medical Director and have the required orientation and training.

**The order:** Approved staff may dispense prepackaged emergency contraceptives according to state pharmacy rules and regulations:

Levonorgestrel 0.75 mg \_\_\_\_\_ tabs p.o.

Brand names: Plan B, Plan B One Step, Next Choice

**Patient population served:**

For women who

1. Had unprotected or underprotected intercourse in the last 120 hours (5 days)

**Approved Staff Will:**

1. Document the LMP and date of last unprotected or underprotected intercourse.
2. Perform a pregnancy test if the patient reports other acts of intercourse since her LMP.
3. Counsel patients on the mechanisms of emergency contraception – that it inhibits ovulation and is not an abortifacient.
4. Counsel patients that emergency contraception can be used up to 120 hours (5 days) past unprotected or underprotected intercourse but taking it sooner is better.
5. Advise patients that emergency contraception is not meant to be used as a contraceptive method.
6. Counsel and start patient's on their desired method of birth control.
7. Advise patient if no menses within 3 weeks (21 days) of taking ECPs, a pregnancy test should be done.
8. Review CONSENT FOR EMERGENCY CONTRACEPTION – CLIENT INFORMATION FOR INFORMED CONSENT with the patient and have the patient sign the consent.
9. Review the APPROPRIATE HORMONAL CONSENT FORM for the desired birth control method with the patient and have the patient sign the consent
10. Document dispensing in appropriate inventory log and in patient record.

\_\_\_\_\_  
Medical Director (signature)

\_\_\_\_\_  
Date

The chart will be reviewed and co-signed by the Medical Director, or by other health care provider(s) with prescriptive authority, within 2 weeks of the date of implementation of the standing order.

This standing order is in effect until it is replaced by a new standing order covering the same subject matter. The following RNs have read and agree to comply with the above standing order and have been approved by the Medical Director.

Name & Title (Print)

Signature

Date

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<<Clinic Name>>

Depot Medroxyprogesterone Acetate Standing Order

**Who can implement standing order:**

Registered Nurses who have been approved by the Medical Director and have the required orientation and training.

**The order:** Approved staff may administer Medroxyprogesterone Acetate according to state pharmacy rules and regulations:

Medroxyprogesterone Acetate 150 mg IM      OR      Medroxyprogesterone Acetate 104 mg SQ  
Brand name: Depo Provera (DMPA)

**Patient population served:**

For women who

1. Are deferring their physical exam in accordance with the policy: “PROVISION OF LOW DOSE ORAL CONTRACEPTIVES/ INJECTABLE CONTRACEPTIVES WITH DEFERRAL OF A PHYSICAL EXAMINATION”.
2. Are <19 years of age and do not require a physical examination per the Montana Title X Family Planning Clinical Protocol Manual
3. Meet the “World Health Organization Medical Eligibility for Initiating Contraceptive Methods” category 1 (method can be used without restriction) as indicated in the Montana Title X Family Planning Clinical Protocol Manual.
4. Are initially starting DMPA.

**Approved Staff Will:**

1. Review the comprehensive medical history for any contraindications to DMPA use.
2. Review any abnormal findings prior to dispensing and report them to appropriate LCCHC provider.
3. Review CONSENT FOR DEPO PROVERA/DMPA – CLIENT INFORMATION FOR INFORMED CONSENT with the patient and have the patient sign the consent.
4. Will document administration in appropriate inventory log and in patient record.
5. Not administer DMPA more than one injection beyond the initial clinic visit.
6. If client has not had unprotected intercourse (UPI) after the first day of last menses, may start DMPA.
7. If client has had UPI, do a pregnancy test:
  - a. If test is negative, give DMPA.
    - i. If UPI ≤ 5 days ago, offer Plan B.
    - ii. If UPI > 5 days ago, advise negative pregnancy test is not conclusive. Use clinical judgment about starting DMPA (See Quick Start Algorithm in the Montana Title X Family Planning Clinical Protocol Manual)
  - b. If test is positive, refer for options counseling.

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\_\_\_\_\_  
Medical Director (signature)

\_\_\_\_\_  
Date

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Name & Title (Print)

Signature

Date

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\_\_\_\_\_

<<Clinic Name>>  
Transdermal Patch Standing Order

**Who can implement standing order:**

Registered Nurses who have been approved by the Medical Director and have the required orientation and training.

**The order:** Approved staff may dispense prepackaged hormonal contraceptives according to state pharmacy rules and regulations:

Norelgestromin 150 mcg/Ethinyl Estradiol 20 mcg transdermal patch sig: Apply patch once weekly for 3 weeks, then 1 patch-free week x \_\_\_\_\_cycles

Brand Name: Ortho Evra

**Patient population served:**

For women who

1. Are deferring their physical exam in accordance with the policy: "PROVISION OF LOW DOSE ORAL CONTRACEPTIVES/ INJECTABLE CONTRACEPTIVES WITH DEFERRAL OF A PHYSICAL EXAMINATION".
2. Are <19 years of age and do not require a physical examination per the Montana Title X Family Planning Clinical Protocol Manual
3. Meet the "WHO Medical Eligibility for Initiating Contraceptive Methods" category 1 (method can be used without restriction) as indicated in the Montana Title X Family Planning Clinical Protocol Manual.
4. Are initially starting CHC transdermal patch.

**Approved Staff Will:**

1. Review the comprehensive medical history for any contraindications to CHC use.
2. Review any abnormal findings prior to dispensing and report them to appropriate provider.
3. Review CONSENT FOR HORMONAL CONTRACEPTIVE PATCH – CLIENT INFORMATION FOR INFORMED CONSENT with the patient and have the patient sign the consent.
4. Will document dispensing in appropriate inventory log and in patient record.
5. If client has never used the transdermal patch, will have client return within 3 months for an Initial 3 month evaluation visit.
6. Not dispense patch more than 6 months beyond the initial clinic visit for patients deferring the physical examination per Title X guidelines.

\_\_\_\_\_  
Medical Director (signature)

\_\_\_\_\_  
Date

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This standing order is in effect until it is replaced by a new standing order covering the same subject matter. The following RNs have read and agree to comply with the above standing order and have been approved by the Medical Director.

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Signature

Date

\_\_\_\_\_  
\_\_\_\_\_

<<Clinic Name>>

Oral Combined Hormonal Contraceptives (CHC) Standing Order

**Who can implement standing order:**

Registered Nurses who have been approved by the Medical Director and have the required orientation and training.

**The order:** Approved staff may dispense prepackaged hormonal contraceptives according to state pharmacy rules and regulations:

Levonorgestrel 0.15 mg/Ethinyl Estradiol 30 mcg 1 pill by mouth daily x \_\_\_\_\_cycles

Brand names: Levlen, Nordette, Levora, Portia, Seasonale, Seasonique

**Patient population served:**

For women who

1. Are deferring their physical exam in accordance with the policy: “PROVISION OF LOW DOSE ORAL CONTRACEPTIVES/ INJECTABLE CONTRACEPTIVES WITH DEFERRAL OF A PHYSICAL EXAMINATION”.
2. Are <19 years of age and do not require a physical examination per the Montana Title X Family Planning Clinical Protocol Manual
3. Meet the “WHO Medical Eligibility for Initiating Contraceptive Methods” category 1 (method can be used without restriction) as indicated in the Montana Title X Family Planning Clinical Protocol Manual.
4. Are initially starting oral CHCs.

**Approved Staff Will:**

1. Review the comprehensive medical history for any contraindications to CHC use.
2. Review any abnormal findings prior to dispensing and report them to appropriate provider.
3. Review CONSENT FOR ORAL CONTRACEPTIVE PILLS – CLIENT INFORMATION FOR INFORMED CONSENT with the patient and have the patient sign the consent.
4. Will document dispensing in appropriate inventory log and in patient record.
5. If client has never taken oral CHCs, will have client return within 3 months for an Initial Oral CHC 3 month evaluation visit.
6. Not dispense oral CHCs more than 6 months beyond the initial clinic visit for patients deferring the physical examination per Title X guidelines.

\_\_\_\_\_  
Medical Director (signature)

\_\_\_\_\_  
Date

The chart will be reviewed and co-signed by the Medical Director, or by other health care provider(s) with prescriptive authority, within 2 weeks of the date of implementation of the standing order.

This standing order is in effect until it is replaced by a new standing order covering the same subject matter.

The following RNs have read and agree to comply with the above standing order and have been approved by the Medical Director.

Name & Title (Print)

Signature

Date

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